



State of Louisiana
Department of Health and Hospitals
Retail Food Program

APPLICATION FOR FOOD SAFETY CERTIFICATE

Failure To Provide Accurate Training Program Information Will Delay Processing

APPLICANT INFORMATION:

LAST NAME _____ FIRST _____ MI _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PARISH _____

PHONE NUMBER _____ EMAIL _____

ESTABLISHMENT INFORMATION:

NAME OF FOOD SERVICE ESTABLISHMENT _____
EST. PHONE _____

EST ADDRESS _____ PERMIT # _____

CITY _____ STATE _____ PARISH _____ ZIP _____

TRAINING PROGRAM INFORMATION:

NAME OF TRAINING PROGRAM PROVIDER _____

DATE OF EXAMINATION _____ COURSE INSTRUCTOR _____

****APPROVED PROVIDER AND INSTRUCTOR MUST BE DOCUMENTED IN ORDER TO PROCESS APPLICATION****

**YOU MUST ATTACH A COPY OF TRAINING COURSE CERTIFICATE, AND CHECK
OR MONEY ORDER FOR \$25.00 MADE PAYABLE TO D.H.H. MAIL TO: OPH
RETAIL FOOD PROGRAM P.O. Box 4489 BOX 10, BATON ROUGE, LA. 70821-4489**

DATE OF APPLICATION

SIGNATURE

FOR OFFICE USE ONLY

FSC CERTIFICATE NUMBER _____ DATE ISSUED _____

METHOD OF PAYMENT - CHECK # _____ M.O.# _____

VENDOR NAME _____